LOS ANGELES COUNTY COMMISSION ON HIV

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PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

September 2, 2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Al Ballesteros, *Co-Chair*	Douglas Frye	Luke Klipp	Jane Nachazel
Bradley Land, *Co-Chair*	Tonya Washington-Hendricks	Jason Wise	Glenda Pinney
David Kelly			Diane Tan
Ted Liso			Craig Vincent-Jones
Anna Long		**DHSP STAFF**	Adrianne Wynn
Abad Lopez		None	
Quentin O'Brien			
Carlos Vega-Matos			

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Priorities and Planning (P&P) Committee Meeting Agenda, *9/2/2011*
2) **Minutes**: Priorities and Planning (P&P) Committee Meeting Minutes, *8/23/2011*
3) **Table**: FY 2012 Priority Rankings, *6/28/201*
4) **Table**: FY 2012 Priority Rankings, Consolidated Service Categories, *8/31/2011*
5) **Memorandum**: FY 2012 Priority- and Allocation-Setting (P-and-A) Contingency Scenarios, *8/1/2011*
6) **Table**: FY 2012 Contingency Scenario Forecasting, *7/26/2011*
7) **Table**: FY 2012 Contingency Scenarios, *9/2/2011*

1. **CALL TO ORDER**: Mr. Land called the meeting to order at 9:45 am.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the 8/23/2011 Priorities and Planning (P&P) Committee Meeting Minutes **(*Passed by Consensus)***.

4. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED**: There were no comments.

6. **CO-CHAIRS' REPORT**: There was no report.

7. **FY 2012 PRIORITY- AND ALLOCATION-SETTING (P-AND-A) PROCESS**:
   A. **Contingency Funding Scenario Service Directives**:
      - Mr. Vincent-Jones indicated that he had included a list of the approved FY 2012 service category priority rankings, re-arranged in accordance with the SOC Committee's plans to consolidate various service categories. The service categories were re-prioritized accordingly; when two or more categories were consolidated, they were ranked according to the highest priority ranking among them.

- He added the Ryan White (RW) FY 2011 Part A/MAI Notice of Grant Award (NGA) had been received. There was an overall increase of about $380,000 in MAI funds, with a Part A decrease of about $17,000. He will update the FY 2012 scenario estimates for the 9/8/2011 Commission meeting, but the new funding levels will not change the scenario estimates dramatically.
- Service details for clients migrating from RW to the County's Low Income Health Program (LIHP), Healthy Way LA (HWLA), are not yet certain. Estimates are based on an estimated cost per patient for the services that patients will be able to access in HWLA. The per patient cost was developed by identifying the current RW-funded services that patients will be able to access when they enroll in HWLA, determining the cost of those services per patient by dividing the total service category by the number of patients, and by weighting the total cost for that type of services by the estimated proportion of patients using that service that will be enrolled in HWLA.
- While funding changes will be implemented at a set point in time, patient enrollment in HWLA ("patient migration") will roll-out over time. For all but the base funding allocations, directives are being used rather than specific allocations due to the uncertainty of the timing of change and the significant number of variables.
- Mr. Vincent-Jones said scenario funding does not now reflect Part B funds. He will add it for the 9/8/2011 Commission meeting to better reflect the total pool of funds, but it will not affect cost savings from migration as the total cost of that impact has already been calculated.
- Clients eligible for HWLA enrollment are under 133% Federal Poverty Level (FPL) and who have been legal U.S. residents for at least five years. Estimates for RW client migration are based on data in the RW system from prior eligibility screenings. One "client" migrating represents one client for 12 months, e.g., one client for 12 months or two clients for 6 months each.
- Two sets of directives were approved at the 8/23/2011 meeting: one for scenarios with increased funding due to lower funding cuts and higher patient migration; and one for scenarios with decreased funding due to higher funding cuts and lower patient migration. Patient migration represents cost savings to the RW system as those patient costs shift to HWLA.
- *Cost-Saving Directive 1* (Scenarios 4 and 7) maintains the same level or increased funding for Medical Outpatient/Specialty (MO/S) for clients remaining in the RW system with any additional funds used to increase Treatment Adherence; lipodystrophy treatment (a new service), as allowed; and/or MS, as needed.
- Funding has been doubled for MS in FY 2011, but it is not yet clear if that will be sufficient to meet need. Mr. Vega-Matos added that LIHP MS services and/or capped services are not yet clear, so RW may need to fill MS gaps in care.
- *Cost-Saving Directive 2* maintains or increases Medication Assistance and Access, as needed, to improve access to non-formulary assistance including increased support to improve availability of nutritional supplements. The LIHP formulary is larger, but some necessary items may not be covered or may be too expensive, which may result in RW filling gaps.
- *Cost-Saving Directive 3* increases Oral Health as given the existing gaps in care and the continued need for capacity building.
- *Cost-Saving Directive 4* increases Linkage to Care (LTC) which is the new standard that consolidates the Outreach portion of Early Intervention Services (EIS) and Treatment Education. SOC plans to add the Counseling and Testing (C/T) Standard of Care which addresses C/T in care settings and the Division of HIV and STD Programs (DHSP) plans to recommend incorporation of Partner Services and other program models as well.
- *Cost-Saving Directive 5* increases Benefits Specialty based on the assumption that need for the service(s) will increase as patients migrate to other systems of care.
- *Cost-Saving Directive 6* maintains or increases Medical Care Coordination (MCC) based on the assumption that there will be expanded need to help patients coordinate with other systems of care.
- *Cost-Saving Directive 7* maintains support for services that LIHP may cap or limit such as Mental Health (MH) and Substance Abuse (SA). LIHP is not expected to cover some MH diagnoses and clients who exceed their annual cap for a covered service could access services through RW until the next LIHP service year. It is unclear to what extent LIHPs covers SA treatment.
- *Cost-Saving Directive 8* increases support for MH Psychiatry and Psychotherapy, since current capacity does not meet the need for the services. Further, increased funding for Psychotherapy will be directed, in part, to ensure continuity of care when gaps result from intern rotations.
- *Cost-Saving Directive 9* allocates funding for Medical Nutrition Therapy (MNT), a service category to which no RW funds are currently allocated. Mr. Vega-Matos noted that, while not specifically allocated under Part A, some MNT services are currently embedded within MO.

- Mr. Vincent-Jones noted other MS ancillary services mentioned at the 9/1/2011 DHSP meeting such as radiology and additional lab testing. The Consumer Caucus also raised the issue of optometry, which is not funded by RW or Medi-Cal.
- Mr. Land noted there was a procurement problem with optometry 15 years ago, but Mr. Vega-Matos said more specialists are available to RW through CHAIN than previously. Conversely, he expected FY 2012 Federal funding cuts.
- *Budget Reduction Directive 1* preserves all core medical services to the extent possible.
- *Budget Reduction Directive 2* holds the following services harmless in priority ranking order: MO/S, Medication Assistance and Access, OH, LTC, Benefits Specialty, MCC and MH Psychiatry and Psychotherapy.
- *Budget Reduction Directive 3* cuts whole service categories from the lowest priority ranked up as funds become unavailable. Whole, not partial, categories are cut as lower ranked services are already close to viable thresholds.
- Mr. Vincent-Jones noted Scenario 5 is similar to 1 in funding, but has up to 1,500 more people migrating to HWLA. He suggested that t maintaining the Base Funding Allocation and identifying a subset of noted cost-saving directive services to which increased funding would be allocated, if available. Mr. Land suggested focusing any extra funds on OH, LTC, Benefits Specialty and MH.
- Mr. O'Brien noted the cost-saving and budget reduction scenario directives provide end points. He felt scenarios were redundant since remaining scenarios are points in between that can be addressed by applying the appropriate set of directives to whatever funding increase or decrease develops.

➲ Staff will investigate what SA services LIHP will cover.
➲ Mr. Vincent-Jones will write a vision statement that declares the intent to maintain RW system services as whole for both remaining RW and migrating patients.
➲ Provide a narrative for the directives that explains how the various increases or decreases in funding will develop and use the model to visually explain the various scenarios and directives.

MOTION #3 (*O'Brien/Liso*): Use cost-saving directives if there are net funding increases and budget reduction directives if there are net funding decreases **(*Passed: Ayes,*** Ballesteros, Kelly, Land, Liso, Long, Lopez, O'Brien, Vega-Matos***; Opposed,*** none***; Abstentions,*** none**)**.

B. Medical Services Threshold Waiver:

- Mr. Vincent-Jones noted HRSA has a 75% core medical/25% support services funding requirement. A waiver can be submitted to allow spending more than 25% on support services, but it requires proof all core medical needs are met.
- About 90% of RW funding is now spent on core medical services. Some have raised the question of whether to apply for a waiver and, if so, when it would be of value if there are budget cuts. In fact, it would only be of value if significant net cost savings are realized due to LIHP migration.
- Mr. O'Brien felt it could be of value to apply for the waiver as a contingency. Mr. Vincent-Jones responded that he was not clear if HRSA would allow an EMA to apply for contingency outcomes. He expected it would be necessary to prove core medical needs were met which would be difficult at this point. Mr. Vega-Matos noted HRSA might be more flexible since California is acting as a LIHP pilot project.
- Mr. Ballesteros noted the priority to find and bring into care those who are unaware or otherwise out of care. That being the case, he doubted the wisdom of any shift in funding until that effort bears fruit and all are in care.
- Mr. Vincent-Jones noted most services supported in the directives are core medical services, so need is questionable.
- Dr. Long suggested a waiver might be valuable to assist in linking those outside RW with services, e.g., via Benefits Specialty. On the other hand, considering Los Angeles County is currently at 90% core medical, funds seem sufficient.

➲ Staff will clarify HRSA waiver options and provide updated projections on the impact of LIHP for P&P to revisit the question at its 10/25/2011 meeting and provide a recommendation for the 11/10/2011 Commission meeting.

C. SPA 1 Threshold Allocation:

- Mr. Vincent-Jones said much of the original SPA 1 threshold allocation was based on the higher proportion of Ryan White clients living at or below poverty in the SPA. As a result, it is anticipated that a larger proportion of Ryan White patients will enroll in HWLA. Mr. Vega-Matos noted that there are three LIHP providers in SPA 1.

➲ Staff will estimate the size of the Ryan White population expected to enroll in the LIHP for P&P to revisit the question at its 10/25/2011 meeting and provide a recommendation for the 11/10/2011 Commission meeting. By that time, Mr. Vega-Matos added, DHSP will know more about how HWLA enrollment is going to proceed.

D. Directives: Mr. Vincent-Jones clarified this refers to the general directives P&P develops during the priority- and allocation-setting process. P&P has so far developed one directive to ensure there are linkages between nutritional counseling, supplements and oral health care.

- Discussion postponed until the next meeting.

8. **FY 2011 PRIORITY- AND ALLOCATION-SETTING (P-AND-A) REVISIONS**: Mr. Vincent-Jones suggested no revisions as the $380,000 increase is close to flat funding and the grant year is half over.
   MOTION #4 (*O'Brien/Liso*): Make no revisions to the FY 2011 allocations **(*Passed: Ayes,*** Ballesteros, Kelly, Land, Liso, Long, Lopez, O'Brien, Vega-Matos***; Opposed,*** none***; Abstentions,*** none**)**.

9. **NEXT STEPS**:
   - Messrs. Ballesteros and Land will present decisions at the 9/8/2011 Commission meeting.

10. **ANNOUNCEMENTS**: There were no announcements.

11. **ADJOURNMENT**: The meeting adjourned at 11:25 am.